

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$	Postmark Here C-1-01-610 DOCS 9+10 1/13/04
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Sent To EARL ANDERSON 317-265		
Street, Apt. No., or PO Box No. MANSFIELD CORR INST.		
City, State, ZIP+4 POB 788 MANSFIELD OH 44901		

PS Form 3826, January 2001

Use Back for instructions